## **2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # H31019 1. Entity Name 04-19-2005 90377 031 \*\*\*150.00 CELT, INC. Principal Place of Business Mailing Address 3701 BEE RIDGE RD 3701 BEE RIDGE RD SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2467720 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUHLBACH, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 3701 BEE RIDGE RD SARASOTA FL 34233 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD TITLE □ Delete TITLE ☐ Change Addition KARIN LEEREVELD PARRY LAURENCE H. NAME NAME 3701 BEE RIDGE RD STREET ADDRESS 3701 BEE RIDGE RD STREET ADDRESS SARASOTA FL 34233 CITY-ST-7(P CITY-ST-7IP SARASOTA FL 34233 TITLE ☐ Defete TITLE Change ★ Addition SIAN CLUETT NAME PARRY, VALERIE M. NAME 3701 BEE RIDGE RD STREET ADDRESS 3701 BEE RIDGE RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP SARASOTA, FL 34233 ☐ Delete Change Addition JULIAN H. PARRY NAME LEEREVELD, BART NAME STREET ADDRESS STREET ANDRESS 3701 BEE RIDGE RD 3701 BEE RIDGE RD CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP SIARASOTA FL 34233 Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

L.H. PARRY

SIGNATURE: \_

**FILED** 

941-924-2229